


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N23766**  
 1. Entity Name  
**WESTSIDE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**290 CYPRESS GARDENS BLVD.  
 WINTER HAVEN, FL 33880**

Mailing Address  
**290 CYPRESS GARDENS BLVD.  
 WINTER HAVEN, FL 33880**

**DO NOT WRITE IN THIS SPACE**



01312007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3227471** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NOLEN, J M  
 290 CYPRESS GARDENS BLVD  
 WINTER HAVEN, FL 33884**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

UD00000656197  
 03/14/07-20015-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TUCKER, LARRY
STREET ADDRESS	3535 US HIGHWAY 17 NORTH
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	D
NAME	NOLEN, J. MICHAEL
STREET ADDRESS	290 CYPRESS GARDENS BLVD
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	D
NAME	SAMMONS, ROBERT O
STREET ADDRESS	1556 6TH ST SE
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. M. Nolen J. M. NOLEN 3-1-07 863-325-5856  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #